Frequently Asked Questions
Service Request Log (SRL) & Client Service (CS)
WEB SERVICE UPDATES WEBINAR
Legal Entity Providers

NOTE: The direction provided in these Frequently Asked Question (FAQs) is based upon the latest information available from State Department of Health Care Services (DHCS) and Los Angeles County Department of Mental Health (DMH) Policy & Procedures.

Q1   ACCESS TO CARE TIMEFRAME/ BARRIERS

We have encountered situations where we do the whole intake process and initiate the clinical assessment, but the potential client never returns after the initial contact. To prevent this, we do two or three Outreach and Engagement (O&E) with case managers to determine the needs and interests of our Specialty Mental Health Services (SMHS). By the time, it is determined if a potential client wants services, we might be passed the required time frame. How can we deal with this situation?

One of our most important manadates is eliminating any barriers to beneficiaries receiving specialty mental health services. Two or three meetings with a case manager prior to assessment and treatment is not acceptable unless the client has specifically stated they would prefer this to getting an assessment.

Q2   ELECTRONIC HEALTH RECORD (EHR) CHANGES

Is there an existing form for access to care, or are you putting this completely on the Electronic Health Record (EHR) companies to design?

Ultimately, it is up to the contracted providers to determine how they will collect all the required data. All the fields including the additional fields are collected via the web services. We have discussed the web service requirements previously during webinars and addressed in our Quality Assurance (QA) bulletins. In addition, QA has published a Service Record Log (SRL) form. It has the universal screening requirements and the majority of the SRL information that you are required to collect. The form does not have the closure reason and some other additional fields, because the paper form is set up primarily to allow directly operated providers to collect information in the case our EHR is down. Contracted providers can create their own version of the paper form that fits their workflow and request for their vendor to create an electronic version in their EHR.

SRL Form Link: http://file.lacounty.gov/SDSInter/dmh/1060455_MH718SRL4-19-19.pdf

Q3   TRADING PARTNER AGREEMENTS (TPAS) & CERTIFICATES

Can DMH provide when trading partner agreements (TPAs) and certificates will expire?

DMH Integration Services is working to incorporate TPAs into the contract boilerplate. The goal is for the provider to submit the TPA when a contract comes up for renewal. As a result, every contract renewal will require a renewed TPA to be attached. In the interim, DMH is following up with providers and notifying them of the expiration of their TPAs. The PAO Group handles TPAs and the actual certificates are handled by Integration Services. Integration Services maintains a roster but asks that the providers track the dates because of the sheer number of contracted providers. Typically, Integration Services reaches out anywhere from two to three weeks before it expires to initiate renewing a certificate.

Q4   COMMUNICATION OF WEB SERVICE CHANGES

Different EHR vendors have communicated to contracted providers that they have challenges with meeting the LA County integration requirements. Essentially, the message being given by some EHR vendors to their contracted providers is that the technology required for integration with LA County is too complicated to promise compliance with all LA County timelines/deadlines. Thus, this pressure to comply is passed down to the contracted providers.

1. Can DMH please publish any communications they send to the EHR vendors so that we are aware of the exact date they receive a change communication?

2. What is the exact expectation that LA County has placed on EHR vendors to do business with LA County? Is there documentation where the EHR vendor attests to being able to comply with County changes? If yes, can this be shared with all contracted providers?

3. What meetings are held between LA County and EHR vendors regarding changes? Can contracted providers be sent the meeting minutes for all such meetings to enable a transparent and collaborative process?

The Gov Delivery notification system is one means of communication used by DMH, and DMH has set up subscriptions for vendors and providers in LA County to receive bulletins with upcoming changes. Additionally, DMH publishes requirements in advance of any promotion of changes, but contracted providers should keep in mind that DMH does not necessarily have a contractual agreement with the various EHR vendors in L A County. When it comes to compliance, the contracted provider is the responsible entity. Usually, DMH publishes a Companion Guide and release notes several months in advance of any changes and updates are rolled out in stages with two pre-production

environments. If there are issues in terms of meeting any timelines, contracted providers can submit a plan of correction and DMH can assist the providers and often extend deadlines.

Q5   COMPANION GUIDE

Is it possible to have new parts of the Companion Guide identified?

DMH provides release notes that details any corrections, changes, or enhancements made to the web service.

Q6   CLIENT SERVICES INFORMATION (CSI) ASSESSMENT RECORD

Are we going to review how to complete Client Services Information (CSI) Assessment Record?

Please reference the Companion Guide and direct questions to your vendor if you're having problems filling out your CSI Assessment Record in your EHR. The vendor may offer additional training and support. DMH does not have purview over the set up of your EHR. DMH specifies the data elements that need to be submitted and the contracted provider should work with its vendor to implement the necessary modifications and processes.

Q7   SERVICE REQUEST LOG (SRL) – PROCESSING DURATION

It currently takes about 30 seconds for each SRL record search instance. Also, 30 seconds for each SRL record update. Our EHR vendor has stated that this delay is likely on the LA County end of the connection and not our EHR. Where can we find the LA County DMH documentation on how long different SRL functions should take? Is there an expected duration that has been published/created for such operations?

Several factors can affect the search and update speed. The Internet provider or the contracted provider's network bandwidth and saturation are major determinants of performance. Additionally, the network topology (centrally-hosted versus an in-house server) of the EHR vendor can influence performance. If a provider believes it is taking too long, they should open a HEAT ticket and Integration Services can look at performance metrics. Previous testing by the Chief Information Office Bureau (CIOB) typically returned responses within the five to ten second range; ten seconds only came back for the more complex operations.

Q8   SERVICE REQUEST LOG (SRL) – MEDICATION SUPPORT SERVICES

If we are adding med support services for an existing client, do we need to track that on the SRL as a new request for services?

You do not need to put this on an SRL if they are already in treatment at your provider.

Currently, we are required to track any initial request for service. This may be expanded in the future to subsequent requests. DMH Policy 302.14 defines an initial request as follows:

Initial Request for Mental Health Services: Any request for mental health services, whether made by the potential client or someone on behalf of the potential client, which will require a new assessment to be completed. This includes prospective clients who have not had clinical records and inactive clients returning for services after termination/inactivity, per DMH Policy 312.01.

Q9   CLIENT SERVICES INFORMATION (CSI) – ADMISSION

If the client is new to DMH, do we admit them to IBHIS before we complete the CSI Assessment call (as it states in the Companion Guide that an episode is required to submit the CSI Assessment Record)?

Correct. The client needs to be admitted before you can create an assessment because we are asking for a client ID.

Q10   ACCESS TO CARE – WORKFLOW

This sounds like additional work for our intake persons to enter manually into our EHR systems with the required updates particularly if we are a large agency that receives many referrals/requests for services. Will EHR systems be able to create workarounds for this?

Please discuss these concerns with your vendor.

Q11   ACCESS TO CARE – TIMEFRAMES

Does Agreement/Consent Date start the clock as to when we need to schedule the assessment appointment?

Yes, if there is an agreement date, we will utilize that date to determine timely access.

If the requestor is the client/legal representative, then the timeframe starts from the date of request (made known to us).

If the requestor was an outside provider (e.g. school, DCFS), then the timeframe starts from the date we get agreement/consent from the client/legal representative.

Q12   OFFERED APPOINTMENTS

Date of First/Second/Third Offered Appointment. Are these the number of times a client is allowed to No Show?

No, these are the subsequent assessment appointment dates offered when the potential client does not accept a date (for example, you offer a date and they can't make that date so you offer another date). You do not need to enter a second and third offered data if they accepted the first date you offered.

Q13   DOCUMENTATION OF WEB SERVICE CHANGES

How quickly will the documentation for this presentation be available on the DMH website? Usually, there is a significant delay and our EHR vendor will not move forward until the information is "officially" posted on the website.

Documentation from the webinar will be made available as soon as possible. All requirements for the web service already are available on the DMH web page.

Q14   SERVICE REQUEST LOG (SRL) – WORKLOAD

Do we submit multiple SRLs for the same client? Or do we wait till all the data is collected before we submit it? Also, we do not have additional resources to complete all this extra data collection. Is this something DMH is considering?

An SRL record should be submitted once. If that client was offered an assessment intake appointment and they accepted it, we would expect to get the SRL record once they show up or don't show up for the intake appointment. You would not submit the record at each step of handling the service request. Wait to submit until it is a complete SRL record.

Q15   DIFFERENCE BETWEEN ACCESS TO CARE AND SERVICE REQUEST LOG (SRL)

Is access to care the SRL log?

SRL is part of access to care. Access to care goes throughout the course of treatment. SRL is specific to the initial request.

Q16 SERVICE REQUEST LOG (SRL) – POTENTIAL CLIENTS WITH THE SAME NAME

The SRL does not allow us to submit more than one client with the same name. It sometimes will take it if we enter a period (".") after the middle name. Is that an SRL issue or an issue with our EHR?

Please submit a HEAT ticket so that DMH can look at the specific case to determine the root cause.

Q17 SERVICE REQUEST LOG (SRL) AND PROGRAMS

Are the SRL and CSI required for programs such as California Work Opportunity and Responsibility to Kids (CalWorks), Full Service Partnership (FSP), Wraparound, Prevention and Early Intervention (PEI), etc?

SRL deals with service requests and access to care, regardless of program. Eligibility for a program should not be a factor when responding to a service request and determining medical necessity.

Q18 WEB SERVICE – CLIENT SERVICES

I understand the SRL piece. I just want to make sure I understand how the Client Service works. Is it sent to IBHIS, once the assessment is completed? Or does it not have anything to do with the actual assessment?

The CSI assessment fields informs DMH of what happened to a request after the client showed up for the intake assessment. It should be submitted once the client shows up for their first appointment after the assessment or anytime prior if they dropped out of treatment (e.g. didn't meet medical necessity, did not want services, etc).

Q19 SERVICE REQUEST LOG (SRL) – WHEN TO RECORD

The Access to Care webinars emphasized SRL requests are submitted to DMH for the initial request. If the client receives services, there is a lifetime outpatient episode opened. Are you saying that the contracted providers would need to submit a new SRL request and new CSI Assessment record every time a client returns for services under their lifetime episode?

Yes. If the client drops out of treatment and then requests to initiate services again (i.e. receive another assessment) then another SRL record would be created. An SRL is necessary if a new assessment is required.

Q20   SERVICE REQUEST LOG (SRL) & CLIENT SERVICES AND INFORMATION

Is it safe to assume that when an SRL is not required we can skip the CSI?

Yes. However, DMH is looking into how to gather the CSI elements when the request is initiated in SRTS or KAEMS.

Q21   ASSESSMENT AND TREATMENT

Are the 1st/2nd/3rd offered appointment dates on the SRL disposition the same as the 1st/2nd/3rd treatment dates... or are these expected to be different?

They are different. The SRL is about the request and the offered ASSESSMENT appointment while the CS web service is about the offered TREATMENT appointments (after the assessment).

Q22   SERVICE REQUEST LOG (SRL) AND PROGRAMS

Do intensive services like FSP and Wraparound need to complete these assessments when referrals are coming in through the Service Request Tracking System (SRTS) or the WRAP tracking system?

SRL deals with service requests and access to care. Eligibility for a program should not be involved with responding to the request and determining medical necessity.

Q23   SERVICE REQUEST LOG (SRL) – MEDICATION SUPPORT SERVICES

If a potential client needs both a clinical assessment appointment and medication appointment, but the medication appointment is urgent and scheduled with a non-DMH program, how do we record and report this request?

Aren't there fields in the SRL to record the disposition?

If it is determined that the client needs to be seen for medication before the next available appointment, the client may be referred to an urgent care or another agency. If not transferring the client's care, you should schedule a follow-up medication appointment for the client as well. This ensures the client has a medication appointment already scheduled for continuity of care.

Q24   SERVICE REQUEST LOG (SRL) – FREQUENCY

How often are the SRL's due for submission? Every 3 months is what I was told but just wanted to confirm.

You should be submitting each request via the SRL web service within 30 days of the request.

Q25   SERVICE REQUEST LOG (SRL) – TECHINICAL ISSUES

We have been told by our EHR vendor to expect to get multiple error messages when attempting to submit an SRL web service. Will DMH consider this until the provider can get accustomed to the current requirements and is able to meet the deadline for each month?

Please open a HEAT ticket for any error messages. If this will delay your submission, please send a plan of correction to QA.

Q26   COMPANION GUIDE

The Companion Guide on the DMH site is dated November 2019. Is this current?

The Companion Guide for the production environment for the SRL web service was last updated on May 11, 2020. For the CS Web Service it was on March 5, 2020.

https://dmh.lacounty.gov/pc/cp/srl/

https://dmh.lacounty.gov/pc/cp/cs/

Q27   COMPANION GUIDE

Is everything in the Companion Guide new? I was thinking new items could be in a blue font or noted in some other way.

DMH provides release notes that details any corrections, changes, or enhancements made.

Q28   CLIENT SERVICES INFORMATION (CSI)

The Referred To element in the CSI Assessment web call has an "other (specify)" response - but there is not an element for the 'specify'. Is that not needed?

It is not needed per State requirements.

Q29   SERVICE REQUEST LOG (SRL) – SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP)

Does an Short-Term Residential Therapeutic Program (STRTP) need to do SRLs?

Yes, STRTP is considered outpatient so the request should be logged.

Q30   MH 727 NOTICE OF ACTION E (LACK OF TIMELY SERVICE)

If a client has been informed that the earliest available appointment is greater than what is stated in the Access to Care policy and the client agrees to this untimely appointment after the offer to refer them to another agency is made, should the Notice of Action E (NOA-E) still be sent? In short, does selecting the disposition "Untimely Appointment This Site, Referral Declined" in the SRL form trigger the need to send a Notice of Action E to the client?

No, an NOA-E is not required. According to DMH QA Bulletin No. 17-18:

> The Access to Care Policy will be updated to clarify that the timeframe requirements are for the LACDMH System of Care as a whole. If a provider is unable to get the beneficiary requesting services in for services in a timely manner and refers them to another provider who can get them in, an NOA does not need to be issued. **This includes cases in which the beneficiary does not want to accept the alternate provider location but prefers to wait for an opening at the original site of request.**

Please ensure the client is making an informed decision and clearly understands that they are declining the alternate provider location/appointment.